

Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
 Region VII, Central Visayas  
**DIVISION OF BOHOL**  
 City of Tagbilaran

**REQUEST FOR QUOTATION**

RFQ NO.: 2020-11-012273

DATE: 11-10-20

Name of Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Business Permit No. \_\_\_\_\_  
 TIN No. \_\_\_\_\_

Please quote your best offer for the item described below, subject to the Terms and Conditions provided at the dorsal portion of this request for quotation.

Submit your quotation duly signed by you or your duly representative and copies of the following eligibility requirements not later than \_\_\_\_\_.

1. DTI/SEC Registration
2. Business Permit
3. Latest Annual Income Tax/EFPS
4. Certificate of PhilGEPS Registration
5. Other Supporting Documents

**Sealed Quotations** may be submitted or mailed at DepEd-Division Office, Division of Bohol, CPG Avenue, Tagbilaran City.

  
**MARINA S. SALAMANCA**  
 BAC Chairperson

After having carefully read and accepted the Terms and Conditions, I/we submit your quotation/s for the item/s as follows:

| Item/Description   | QTY | Unit | Approved Budget for the Contract | OFFER |            |             |   |    |         |  |
|--|-----|------|----------------------------------|-------|------------|-------------|---|----|---------|--|
|  |     |      |                                  | PRICE |            |             | Compliance with Technical Specifications (Please Check) |    | REMARKS |  |
|  |     |      |                                  | QTY   | Unit Price | Total Price | Yes   | No |         |  |
| Procurement of Equipment for Health and Wellness Program of the School Health and Nutrition Section. |     |      |                                  |       |            |             |   |    |         |  |
| Manual Treadmill, magnetic type  | 2   | unit | 29,998.00                        |       |            |             |   |    |         |  |
| Stationary Exercise Bicycle  | 2   | unit | 25,000.00                        |       |            |             |   |    |         |  |
| Physician's Height and Weight Scale – Eye Level  | 1   | unit | 14,999.00                        |       |            |             |   |    |         |  |
| Electric Water Dispenser (Hot and Cold)  | 2   | unit | 16,000.00                        |       |            |             |   |    |         |  |
| Alcohol Tap (Foot Operated)  | 2   | set  | 3,000.00                         |       |            |             |   |    |         |  |
| Ice Bag  | 40  | pcs. | 6,000.00                         |       |            |             |   |    |         |  |
| <b>TOTAL</b>   |     |      | <b>94,997.00</b>                 |       |            |             |   |    |         |  |
| x-x-x-x-x-x-x-x-x-x  |     |      |                                  |       |            |             |   |    |         |  |

**Purpose:** For use in Health and Wellness Program of the School Health and Nutrition Section.

\_\_\_\_\_  
 (Signature Over Printed Name)